

# Cheerleading - 2017/18

Belcamp Recreation Council

REGISTRATION: Thursday, October 5, 2017  
Tuesday, October 10, 2017  
Thursday, October 12, 2017

Registration time: 7:00-8:00 p.m.

Location: Church Creek Elementary School  
Recreation Room/Gymnasium

For: Ages 7-13

Fee: Returning cheerleader - \$65.00  
New cheerleader, including purchase of full uniform - \$170

Uniform consists of shell w/lettering, skirt, briefs, bow, poms  
No late orders on uniforms. Last registration is 10/12/17  
\*\*Limited registration - 1st come, 1 served\*\*

**Coaches,  
Assistant Coaches  
and Volunteers  
Needed!**

Please note that if we don't get  
enough coaches to volunteer,  
there will not be a cheer program  
for that specific age group.



There will be no refunds after  
registering for the program.

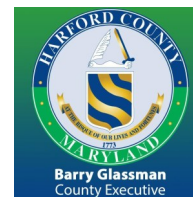
**For Information call  
Charrissa Stancell  
At 443-528-8916 or  
Email  
charrissa@verizon.net**

Practices held once or twice a week beginning  
November with games in January, 2018  
Practice times to be announced at registration.

Belcamp Recreation Council

Parks and Recreation Office  
111 Glenville Road

Phone: 410-638-3853  
[www.harfordcountymd.gov/225/Parks-Recreation](http://www.harfordcountymd.gov/225/Parks-Recreation)



~ ~ Registration form on reverse side ~ ~

**Belcamp Recreation Council/Committee  
REGISTRATION FORM**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_ Age Group: \_\_\_\_\_

School: \_\_\_\_\_ Male or Female (please circle)

Uniform Size Needed: \_\_\_\_\_ Played Before: Yes or No (please circle)

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any physical conditions or allergies: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_

Please pay by check whenever possible  
Make checks payable to Belcamp Recreation Council

**RELEASE OF LIABILITY**

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.

Parent/Guardian Signature: \_\_\_\_\_